Form **887** (July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part General Information			
1 Name of organization Oklahoma Optometric, Political Action Committee Tal+30-3178 Table Tal+30-3178 Tal+30-3188 Tal+			
2 Mailing address (P.O. Box or number, street, and room or suite number)			
5201 S. Western Ave.			
City or town, state, and ZIP code		01 201 (09/	
Oklahoma City, OK 731	109	91-2065896	
3 E-mail address of organization		•	
pati@oaop.com			
4a Name of custodian of records	4b Custo	odian's address	
Saundra Gragg		4545 N. Lincoln Blvd #105	
Oklahoma Association	1 (Oklahoma City, OK 73105	
of Optometric Physi			
5a Name of contact person	5b Conta	act person's address	
Dr. Don Hewett	520	1 S. Western Ave.	
****		ahoma City, OK 73109	
6 Business address of organization (if di	ifferent from mailing address	shown above). Number, street, and room or suite number	
City or town, state, and ZIP code	· · · · · · · · · · · · · · · · · · ·		
Part II Purpose			
7 Describe the purpose of the organization			

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to support candidates:	for elected offi	ce in the state of Oklahoma	
44-4-44-44-4-4-4-4			
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Part III List of All Related Ent			
8a Name of related entity	8b Relationship	8c Address	
		4545 N 1 2 1 D1 1 C1 105	
Oklahoma Association of	connected	4545 N. Lincoln Blvd, Ste 105	
Optometric Physicians	•	013.1 01 01 70107 0410	
		Oklahoma City, OK 73105-3413	
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For Paperwork Reduction Act Notice, see page 4.		Cat. No. 30405V Form 8871 (7-2000)	

Sign Here

Date